

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

**ANNUAL AND 5 YEAR TEST NOTIFICATION FORM**

Today's Date: _____

Elevator Company Name : _____

Telephone Number : _____

TEST LOCATION:

Street: _____

City: _____

Zip Code: _____

Building Name: _____

TEST DATE: _____ TIME: _____

Mechanic Performing Test: _____

Number of Units :

California State ID Number:

Check All That ApplyGroup 3 ☐ Group 4 ☐Cable Traction ☐Hydroelectric ☐Roped
Hydroelectric ☐

Prepared by: _____